



NAVAJO NATION DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

ETHEL B. BRANCH
Attorney General

HEATHER CLAH
Deputy Attorney General

DEPARTMENT OF JUSTICE
INITIAL ELIGIBILITY DETERMINATION
FOR NAVAJO NATION FISCAL RECOVERY FUNDS

RFS/HK Review #: _____

Date & Time Received: _____

Date & Time of Response: _____

Entity Requesting FRF: _____

Title of Project: _____

Administrative Oversight: _____

Amount of Funding Requested: _____

Eligibility Determination:

- ☐ FRF eligible
☐ FRF ineligible
☐ Additional information requested

FRF Eligibility Category:

- ☐ (1) Public Health and Economic Impact
☐ (2) Premium Pay
☐ (3) Government Services/Lost Revenue
☐ (4) Water, Sewer, Broadband Infrastructure

U.S. Department of Treasury Reporting Expenditure Category: _____

Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures):

- | | |
|--|--|
| <input type="checkbox"/> Missing Form | <input type="checkbox"/> Expenditure Plan incomplete |
| <input type="checkbox"/> Supporting documentation missing | <input type="checkbox"/> Funds will not be obligated by 12/31/2024 |
| <input type="checkbox"/> Project will not be completed by 12/31/2026 | <input type="checkbox"/> Incorrect Signatory |
| <input type="checkbox"/> Ineligible purpose | <input type="checkbox"/> Inconsistent with applicable NN or federal laws |
| <input type="checkbox"/> Submitter failed to timely submit CARES reports | |
| <input type="checkbox"/> Additional information submitted is insufficient to make a proper determination | |

Other Comments: _____

Name of DOJ Reviewer: _____

Signature of DOJ Reviewer: _____

Disclaimers:
If additional information has been requested and you wish to provide it, please resubmit all the required forms updated to include the additional information. Full resubmission will expedite the Initial Eligibility Determination process. Therefore, please include a new RFS form indicating resubmission, revised Appendix A, Budget Form 1, and other supporting documents. **Please email your resubmission to arpa@nndoj.org.** Please be aware that under Resolution BFS-31-21 a Project or Program can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

An NNDOJ Initial Eligibility Determination is based on the documents provided, which NNDOJ will assume are true, correct, and complete. Should the Project or Program change in any material way after the initial determination, the requestor must seek the advice of NNDOJ. An initial determination is limited to review of the Project or Program as it relates to whether the Project or Program is a legally allowable use – it does not serve as an opinion as to whether or not the Project or Program should be funded, nor does it serve as an opinion as to whether or not the amount requested is reasonable or accurate.

THE NAVAJO NATION
FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN
FOR NON-GOVERNANCE CERTIFIED CHAPTERS

Part 1. Identification of parties.

Non-Governance Certified Chapter requesting FRF: LUKACHUKAI CHAPTER Date prepared: 3/24/23

Chapter's mailing address: PO BOX 248 phone/email: (928) 787-2500
LUKACHUKAI, AZ 86507 website (if any): lukachukai@navajochapters.org

This Form prepared by: PAULA S. BEGAY phone/email: (928) 266-7426
CHAPTER PRESIDENT psbegay@naataanii.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: RENOVATION/REPLACEMENT OF CHAPTER FIELDHOUSE ROOF

Chapter President: PAULA S. BEGAY phone & email: (928) 266-7426, psbegay@naataanii.org

Chapter Vice-President: CONNETTE BLAIR phone & email: (505) 860-8757, cblair@naataanii.org

Chapter Secretary: MARY ANN LEONARD phone & email: (928) 797-1081, mleonard@navajochapters.org

Chapter Treasurer: SAME AS ABOVE phone & email: _____

Chapter Manager or CSC: VACANT phone & email: _____

DCD/Chapter ASO: CHINLE/EDGERTON GENE phone & email: (928) 674-2251, egene@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): _____

☐ document attached

Amount of FRF requested: \$87,150.00 FRF funding period: 4/1/23 - 12/13/26
Indicate Project starting and ending/deadline date

Part 2. Expenditure Plan details.

(a) Describe the Program(s) and/or Project(s) to be funded, including how the funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

The Lukachukai Chapter will use the funds to renovate the debilitating roof of the Chapter Fieldhouse. The Lukachukai Chapter will demolish the old roofing, clean up debris and rebuild the roof using various equipment and labor. The Lukachukai Chapter will ensure that the funds expended will address public health challenges that partly caused the unequal impact on the Navajo Nation.

☐ document attached

(b) Explain how the Program or Project will benefit the Navajo Nation, Navajo communities, or the Navajo People:

Within the Lukachukai Chapter, they worked tirelessly to assist their community by having events that would keep their residents safe. The fieldhouse was not in use due to the despair it was in. Having the roof rebuilt means the chapter has the ability to house more supplies along with having a place available for emergency usage.

☐ document attached

(c) Provide a prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

This project estimates the successful completion of the new roof and will obligate the funds no later than December 31, 2024 and will fully expend the funds no later than December 13, 2026.

☐ document attached

(d) Identify who will be responsible for implementing the Program or Project:

DCD will be the oversight of the sub-recipient agreement with Lukachukai Chapter to complete the services needed to facilitate the roof renovation.

☐ document attached

(e) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be funded prospectively:

After the initial construction warranty, the Chapter will assume all routine maintenance to ensure the viability of the warehouse.

☐ document attached

(f) State which of the 66 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 listing the proposed Program or Project falls under, and explain the reason why:

2.23 STRONG HEALTHY COMMUNITIES: Demolition and Rehabilitation of Properties. The Lukachukai Chapter Fieldhouse falls under this as the demolition of the roof and building the new roof will allow the community to use the chapter fieldhouse for activities that would promote a healthy community and a healthy family.

☐ document attached

Part 3. Additional documents.

List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

Resolution
Quote

☐ Chapter Resolution attached

Part 4. Affirmation by Funding Recipient.

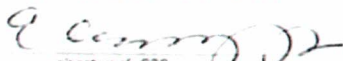
Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's
Preparer: 
signature of Preparer/CONTACT PERSON

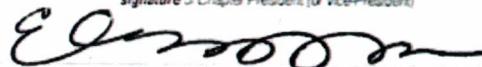
Approved by:


signature of Chapter President (or Vice-President)

Approved by:


signature of CSC

Approved by:


signature of Chapter ASO

Approved to submit
for Review:


signature of DCD Director

FY 2023

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

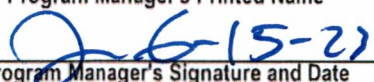
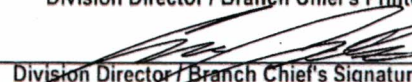
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BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>LUKACHUKAI CHAPTER FIELDHOUSE ROOF</u>		Division/Branch: <u>Div. of Comm. Dev/ Chinle ASC</u>	
Prepared By: <u>PAULA S. BEGAY</u>		Phone No.: <u>(928) 266-7426</u>		Email Address: <u>psbegay@naataanii.org</u>	

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
NN Fiscal Recovery Funds	4/1/23-12/13/26	87,150.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services				
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay	6		87,150	87,150
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	87,150.00	87,150

			PART IV. POSITIONS AND VEHICLES
			(D) (E)
			Total # of Positions Budgeted:
			Total # of Vehicles Budgeted:
TOTAL:		\$87,150.00	100%

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: <u>James Adakai, Deputy Director</u> <div style="text-align: center;"> <u>Program Manager's Printed Name</u>  <u>Program Manager's Signature and Date</u> </div>	APPROVED BY: <u>Calvin Castillo, Executive Director</u> <div style="text-align: center;"> <u>Division Director / Branch Chief's Printed Name</u>  <u>Division Director / Branch Chief's Signature and Date</u> </div>
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06/15/2023

FY 2023THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIAPage 2 of 3
BUDGET FORM 2

PART I. PROGRAM INFORMATION:

Business Unit No.: NEW

Program Name/Title:

LUKACHUKAI CHAPTER FIELDHOUSE ROOF

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

PART III. PROGRAM PERFORMANCE CRITERIA:

1. Goal Statement:

Renovation of Lukachukai Chapter Fieldhouse roof

Program Performance Measure/Objective:

Complete the renovation of the fieldhouse roof

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

1

2. Goal Statement:

Program Performance Measure/Objective:

3. Goal Statement:

Program Performance Measure/Objective:

4. Goal Statement:

Program Performance Measure/Objective:

5. Goal Statement:

Program Performance Measure/Objective:

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

James Adakai, Deputy Director

Program Manager's Printed Name

James Adakai
Program Manager's Signature and DateCalvin Castillo, Division Director

Division Director/Branch Chief's Printed Name

Calvin Castillo
Division Director/Branch Chief's Signature and Date

06/15/2023

FY 2023

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

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BUDGET FORM 4

[illegible]